Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

247196 US 25 DV

(Column 1) (Column 2)							٠	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMB	IBER EXTRA		BASIC FEE	!	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS									 	100			
			minus 20=		* 8		•	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =				•	X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	-	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN R SMALL ENTITY		
		CLAIMS	T	HIGH	ST		ı		ADDI-	1		ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	<u> </u> *	Minus	***		= .		X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	-	OR	+290=		
·								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											ADDII. 1 LL		
AMENDMENT B		CLAIMS		HIGHE	ST		Г		ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	•	OR	X86=	· · · · · · · · · · · · · · · · · · ·	
1	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	TIPLE DEPENDENT C						Oit			
									•	OR	+290=	•	
									•	OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	_	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***			 	X43=			X86=	:	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR			
* #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter "20."	Α	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					r foui	nd in the app	ropriate box	in col	umn 1.		